

GOLF

Please print clearly. Fill out all applicable sections.

STUDENT-ATHLETE DATA FORM**PERSONAL DATA**

First Name _____ M.I. _____

Last Name _____

Street Address _____

City _____ State _____ Country _____

Zip Code/Postal Code _____ Home Phone(_____) _____

E-Mail _____ Other Phone(_____) _____

Date of Birth ____/____/____ Gender Male FemaleUnited States Citizen? Yes No State/Country/Province of Residence _____NCAA Clearinghouse registered? Yes No Need application? Yes No

PERMISSION TO USE MEMBERS FULL NAME ON THE WEBPAGE: YES NO INITIAL

ACADEMIC DATA

High School Name _____

Street Address _____

City _____ State _____ Zip _____

Coach's Name _____ Phone(_____) _____

Athletic Director's Name _____ Phone(_____) _____

School's Athletic Dept. E-Mail Address _____ WWW. _____

School's Fax Number _____ Team Name _____

High School Graduation Year _____ Intended College Major _____

Intended College Division Level (ie. NCAA Division 1 or 2) _____

YOUR PHOTO HERE

JOIN THE CLUB



YOUR OWN WEB PAGE

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STUDENT-ATHLETE DATA FORM

Grade Level _____ **Overall Grade Point Average (on a 4.0 Scale)** _____

Freshman Year _____ **CUM GPA** _____

Sophomore Year _____ **CUM GPA** _____

Junior Year _____ **CUM GPA** _____

Senior Year _____ **CUM GPA** _____

PSAT Score _____ **SAT Score** _____ **ACT Score** _____

High School Academic Honors and Achievements _____

Extracurricular Interests (interests, clubs, work, volunteer efforts) _____

ATHLETIC DATA CURRENT YEAR

Height: _____ ' _____ " **Weight:** _____ lbs. **Vertical Leap** _____ **40 Yd.** _____

Dominant CLUB SWING _____ **Year began Golfing** _____

Years played competitively _____ **Other School Sports Played** _____

High School League Name _____

High School Student Enrollment (all grades) _____ **High School Division** _____

School Year Joined Varsity Team _____

High School Athletic Honors and Awards _____

GOTAGAME?



MAILYOURSTATS

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STUDENT-ATHLETE DATA FORM

HIGH SCHOOL SPORTS STATISTICS

	YEAR	FR.	SO.	JR.	SR.
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HANDYCAP

CLUB DISTANCE-DRIVER

CLUB DISTANCE-3W

CLUB DISTANCE-3I

CLUB DISTANCE-4I

CLUB DISTANCE-5I

CLUB DISTANCE-6I

CLUB DISTANCE-7I

CLUB DISTANCE-8I

CLUB DISTANCE-9I

CLUB DISTANCE-PW

CLUB DISTANCE-SW

LOWEST SCORE

LONGEST DRIVE

OTHER AWARDS AND HONORS:

TOURNAMENT NAME/DATE/FINISH:

TOURNAMENT NAME/DATE/FINISH:

TOURNAMENT NAME/DATE/FINISH:

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STUDENT-ATHLETE DATA FORM

VIDEO FOOTAGE INFORMATION

- COLLEGE BOUND ATHLETIC CONNECTION (CBAC) WILL NOT EDIT THE VIDEO PROVIDED.
- UP TO THE FIRST 60 SECONDS WILL BE COMPRESSED AND ADDED TO YOUR WEB PAGE .
- UP TO THE FIRST 5 MINUTES OF VIDEO SUBMITTED WILL BE COMPRESSED AND SENT ON A CD-ROM OR DVD WITH THE MAILING OF MEMBER PROFILES PACKAGES DISCUSSED BELOW.
- SUBMITTED VIDEO TAPES OR OTHER VIDEO SOURCES BECOME THE PROPERTY OF CBAC.
- PLEASE LABEL THE VIDEO SOURCE PROVIDED WITH YOUR NAME, ADDRESS, PHONE NUMBERS, POSITION, JERSEY NUMBER AND UNIFORM COLOR, GAME DATES AND OPPONENTS IF APPROPRIATE.
- EDIT THE VIDEO INTENDED FOR THE COACHES AND RECRUITERS TO INCLUDE SPECIFIC FOOTAGE OF YOUR PERFORMANCE. USE GOOD QUALITY TAPE, AVOID MUSIC AND NOISES. WHEN POSSIBLE, SHOW CLOSE UP FOOTAGE OF YOUR SPECIFIC SKILLS ALONG WITH GAME SITUATIONS.

OPTIONAL MAILING OF MEMBER'S PROFILES TO 15 UNIVERSITIES

AFTER VISITING WWW.GOCOLLEGEBOUND.COM LINKS TO COLLEGES AND UNIVERSITIES, PLEASE ENTER ON AN ATTACHED SHEET YOUR TOP CHOICES (UP TO 15) THAT YOU WISH TO MAIL AN INTRODUCTORY LETTER, YOUR PERSONAL PROFILE AND YOUR SPORTS VIDEO FILM OR CD-ROM TO. MORE MAILINGS MAY BE ARRANGED BY CONTACTING COLLEGE BOUND ATHLETIC CONNECTION.

MAIL COMPLETE APPLICATION & PAYMENT TO ADDRESS BELOW

- BLUE PACKAGE** *\$ 99.00 PICTURE & PROFILE ON MEMBER'S OWN WEBPAGE
- SILVER PACKAGE** *\$169.00 WEBPAGE & PROFILE & UP TO 60 SECOND VIDEO SPORT HIGHLIGHT VIDEO CLIP ON WEBPAGE
- GOLD PACKAGE** *\$199.00 ENTIRE SILVER PACKAGE INCLUDING MAILING OF BIO
- *ANNUAL FEES** WITH A 5 MINUTE VIDEO CD TO 15 CHOSEN COLLEGES

I ATTEST THAT THE ABOVE INFORMATION IS ACCURATE AND I RECOGNIZE THAT OTHERS, INCLUDING COLLEGE BOUND ATHLETIC CONNECTION WILL RELY AND GENERALLY ACCEPT THIS INFORMATION AS ACCURATE. FURTHER, IT IS RECOGNIZED THAT COLLEGE BOUND ATHLETIC CONNECTION WILL PROVIDE THIS INFORMATION TO INTERESTED PARTIES, IN SEVERAL WAYS, INCLUDING THROUGH MAILINGS, OVER THE PHONE LINES, VIA FAXES, THE WORLD WIDE WEB AND INTERNET. THE UNDERSIGNED AGREES TO HOLD COLLEGE BOUND ATHLETIC CONNECTION, CHRISTIAN SPORT CAMPS, INC., COLLEGE BOUND SUMMER LEAGUE, COLLEGE BOUND SERVICES, ITS AFFILIATES, EMPLOYEES, VOLUNTEERS AND STAFF HARMLESS, NOT RESPONSIBLE IN ANY WAY FOR THE ULTIMATE END USE OF THIS INFORMATION UPON ITS SUBMISSION AND RELEASE TO THE GENERAL PUBLIC. THE UNDERSIGNED KNOWINGLY AND VOLUNTARILY WAIVES ANY AND ALL CLAIMS, COMMON LAW OR STATUTORY, PAST, PRESENT AND FUTURE, KNOWN OR UNKNOWN, OF WHATEVER TYPE, KIND OR CHARACTER, AND ALL LEGALLY RECOGNIZABLE CAUSES OF ACTION, INCLUDING BODILY INJURY, DAMAGE TO REPUTATION, OR PHYSICAL HARM, INCLUDING DEATH, AGAINST CHRISTIAN SPORT CAMPS, INC. COLLEGE BOUND ATHLETIC CONNECTION, COLLEGE BOUND SUMMER LEAGUE, COLLEGE BOUND SERVICES, CAUSED OR ALLEGED TO BE CAUSED BY THE RELEASE OF THIS INFORMATION TO THIRD PARTIES.

FINALLY, I AGREE TO FOREFEIT ALL MEMBERSHIP BENEFITS IF CONVICTED OF DRIVING UNDER THE INFLUENCE OF ALCOHOL AND/OR DRUGS, DRUG USE, DRUG POSSESSION, TRAFFICKING IN DRUGS AND OTHER SUBSTANCE ABUSES.

PRINTED FULL NAME OF MEMBER | PRINTED FULL NAME OF PARENT OR GUARDIAN | DATE

MEMBER'S SIGNATURE | PARENT OR GUARDIAN'S SIGNATURE | DATE

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